

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

05 JUN 10 PM 3: 25

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Harmon for Columbus City Council						Registration Number, if PAC	
Full Name of Candidate Phillip L. Harmon							
Street Address 5312 Longrifle Rd.				Office Sought City Council		District Columbus	
City Westerville				State OH		Zip Code 43081	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input checked="" type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		0 ^M 5 0 ^D 3 0 ^Y 5	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐
No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$3,807.11
2. Total monetary contributions (From Form No. 31-A)	\$	\$625.00
3. Total other income (From Form No. 31-A-2)	\$	\$155.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$4,587.11
5. Total monetary expenditures (From Form No. 31-B)	\$	\$4,229.00
6. Balance on hand (line 4 minus line 5)	\$	\$358.11
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Phillip L. Harmon, Dep. Treas.

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

06/10/2005

Date

Contribution
pages 1

Expenditure
pages 2

Other
pages 13

Total
pages 16

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Harmon for Columbus City Council						
Full Name of Contributor David Shaw				Registration Number, if PAC		
Street Address 960 Bernard Rd.		Employer/Occupation/Labor Organization* The Library			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43221	M 0	D 4	Y 2	Amount \$50.00
Full Name of Contributor Glenn Dierkes				Registration Number, if PAC		
Street Address 43300 Mt. Carrick Rd.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Woodsfield	State OH	Zip Code 43973	M 0	D 5	Y 0	Amount \$25.00
Full Name of Contributor Thomas O'Leary				Registration Number, if PAC		
Street Address 868 Paisley Place		Employer/Occupation/Labor Organization* Consultant			Form (Cash, Check, etc.) Check	
City Worthington	State OH	Zip Code 43085	M 0	D 5	Y 0	Amount \$100.00
Full Name of Contributor Violet Bratton				Registration Number, if PAC		
Street Address 8384 Orchard Knoll Ln.		Employer/Occupation/Labor Organization* Brewstirs			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 0	D 5	Y 0	Amount \$100.00
Full Name of Contributor Ron Stone				Registration Number, if PAC		
Street Address 1406 Studer Ave.		Employer/Occupation/Labor Organization* Sycamore Grill			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	M 0	D 5	Y 0	Amount \$100.00
Full Name of Contributor John Gaus				Registration Number, if PAC		
Street Address 8585 Renford Ct.		Employer/Occupation/Labor Organization* J. Lindsays			Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	M 0	D 5	Y 0	Amount \$100.00
Full Name of Contributor James Kensinger				Registration Number, if PAC		
Street Address 6705 Maplebrook Ln.		Employer/Occupation/Labor Organization* Milliron & Kensinger, CPA's			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 0	D 5	Y 0	Amount \$50.00
Full Name of Contributor Richard Manuel				Registration Number, if PAC		
Street Address 123 Cullman Rd.		Employer/Occupation/Labor Organization* Consultant			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43207	M 0	D 5	Y 0	Amount \$100.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total **\$625.00**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Harmon for Columbus City Council									
To Whom Paid J. Lindsay's						M	D	Y	Amount
						0	5	0	\$100.00
Address 5453 Bethel Sawmill Center				Purpose Refund possible corporate check					
City Columbus		State OH		Zip Code 43235		Check Number 2004			
To Whom Paid Sycamore Cafe						M	D	Y	Amount
						0	5	0	\$100.00
Address 262 E. Sycamore Street				Purpose Refund possible corporate check					
City Columbus		State OH		Zip Code 43206		Check Number 2005			
To Whom Paid Haru, Inc.						M	D	Y	Amount
						0	5	0	\$100.00
Address 128 Dilmont				Purpose Refund corporate check					
City Columbus		State OH		Zip Code 43235		Check Number 2006			
To Whom Paid The Library Bar						M	D	Y	Amount
						0	4	2	\$50.00
Address 2169 N. High Street				Purpose Refund possible corporate check					
City Columbus		State OH		Zip Code 43201		Check Number 2007			
To Whom Paid Fry Contracting Co.						M	D	Y	Amount
						0	5	0	\$100.00
Address 1014 Dublin Rd.				Purpose Refund possible corporate check					
City Columbus		State OH		Zip Code 43215		Check Number 2008			
To Whom Paid Columbus Dispatch						M	D	Y	Amount
						0	5	0	\$1,040.00
Address P.O. Box 182537				Purpose Political Advertising					
City Columbus		State OH		Zip Code 43218		Check Number Debit Card			
To Whom Paid The Parker Group, Inc.						M	D	Y	Amount
						0	5	0	\$817.84
Address 468 Palisades Blvd.				Purpose Political Advertising					
City Birmingham		State AL		Zip Code 35209		Check Number Debit Card			
To Whom Paid On Press, Inc.						M	D	Y	Amount
						0	5	1	\$1,821.16
Address 4889 Sinclair Rd., Ste. 215				Purpose Political Advertising					
City Columbus		State OH		Zip Code 43229		Check Number 2010			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Harmon for Columbus City Council									
To Whom Paid Teamsters Local #413						M	D	Y	Amount \$100.00
Address 555 E. Rich Street						Purpose Political Advertising			
City Columbus						State OH	Zip Code 43215		Check Number 2011
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH	Zip Code		Check Number

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Harmon for Columbus City Council					
Full Name National City Bank				Registration Number, if PAC	
Address P.O. Box 5756	Type* IN		M 0	D 5	Y 2
					Amount \$155.00
City Cleveland	State OH	Zip Code 44101	Form (Cash, Check, etc.) Credit		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
					Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
					Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
					Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
					Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
					Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
					Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
					Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

155.00

Page Total \$